

## Swing Bed Facility Contacts for Alternative Placement

The hospital discharge planner attests the following nursing facilities (NF) have been contacted. Include all information requested below for each facility contacted: (a) name of nursing facility; (b) NF staff name and title; (c) date and time contact made; (d) the reason for refusal (e.g., no available beds to serve the member's LOC needs, no available beds, etc.). Use additional pages as necessary. This attachment must be submitted with form 470-5156 – Level of Care Certification for Swing Bed Facilities.

[illegible]